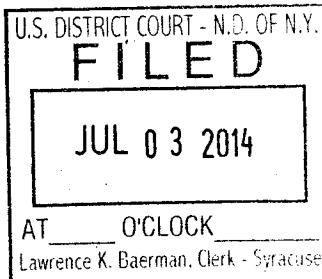


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK



DARNELL KING)
Plaintiff(s))
)
vs.)
DET. JEROME BURNS)
DET. VEGA)
THE CITY OF NEW YORK)
JOHN & JANE DOE Defendant(s))

INMATE
CIVIL RIGHTS
COMPLAINT PURSUANT
PURSUANT TO
42 U.S.C. § 1983

Case No. 9: 14 CV 807

Plaintiff(s) demand(s) a trial by: X JURY _____ COURT (Select only one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4) and 2201.

PARTIES

2. Plaintiff: DARNELL KING
Address: RIVERVIEW C.F. BOX 247
OGDENSBURG, N.Y. 13669

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: DET. JEROME BURNS
Official Position: DETECTIVE 19 PRECINCT
Address: 119 LEXINGTON AVE
NEW YORK, N.Y. 10027

b. Defendant: DETECTIVE VEGA
Official Position: DETECTIVE 19 PRECINCT
Address: 119 LEXINGTON AVE
NEW YORK, N.Y. 10027

c. Defendant: THE CITY OF NEW YORK
Official Position: MUNICIPAL CORPORATION
Address: 100 CHURCH STREET
6th FLOOR
NEW YORK, N.Y. 10007

Additional Defendants may be added on a separate sheet of paper.

4. PLACE OF PRESENT CONFINEMENT

- a. Is there a prisoner grievance procedure at this facility?
* Yes No
- b. If your answer to 4a is YES, did you present the facts relating to your complaint in this grievance program?
 Yes * No

If your answer to 4b is YES,

(i) What steps did you take? _____

(ii) What was the final result of your grievance? _____

If your answer to 4b is NO - why did you choose to not present the facts relating to your complaint in the prison's grievance program? _____

DEFENDANT'S ACTED OUTSIDE OF A PRISON

SETTING AND COMPLAINT IS NOT DUE TO PRISON CONDITIONS.

- c. If there is no grievance procedure in your institution, did you complain to prison authorities about the facts alleged in your complaint?

_____ Yes _____ No

If your answer to 4c is YES,

- (i) What steps did you take? _____

- (ii) What was the final result regarding your complaint? _____

If your answer to 4c is NO - why did you choose to not complain about the facts relating to your complaint in such prison? _____

5. PREVIOUS LAWSUITS

- a. Have you ever filed any other lawsuits in any state and federal court relating to your imprisonment?

_____ Yes _____^x No

- b. If your answer to 5a is YES you must describe any and all lawsuits, currently pending or closed, in the space provided below.

For EACH lawsuit, provide the following information:

- i. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

- ii. Court (if federal court, name District; if state court, name County): _____
- iii. Docket number: _____
- iv. Name of Judge to whom case was assigned: _____
- v. Disposition (dismissed? on appeal? currently pending?): _____
- vi. Approximate date of filing prior lawsuit: _____
- vii. Approximate date of disposition: _____

6.

FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).

Plaintiff was lawfully present in front of 41 West 112th
Street, New York, NY when he was falsely arrested, falsely
imprisoned by both detectives Burns and Vega. Plaintiff was
unlawfully strip-searched. Plaintiff was unlawfully detained
and Maliciously prosecuted until he was acquitted at trial and
released from custody on July 22, 2011. The date the defendant's
committed acts complained of herein occurred on October 1, 2010.

7.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

On October 1, 2010, defendant Det. Jerome Burns, did falsely
arrest, falsely imprison, unlawfully strip-searched,
unlawfully detained and maliciously prosecute Plaintiff, until
Plaintiff was acquitted at trial and released from custody on
July 22, 2011. Defendant Burns, deprived Plaintiff of his
constitutional, civil and common law rights.

SECOND CAUSE OF ACTION

On October 1, 2010, defendant Det. Vega, did falsely arrest,
falsely imprison, unlawfully strip-searched, unlawfully detained
and maliciously prosecute Plaintiff, until Plaintiff was
acquitted at trial and released from custody on July 22, 2011.
Defendant Vega, deprived Plaintiff of his constitutional, civil
and common law rights.

THIRD CAUSE OF ACTION

Defendant City of New York, is liable for the October 1, 2010
acts of defendant's Vega and Burns, in that the City of New York
negligently hired, retained trained and supervised the defendant's.
The City of New York is vicariously liable for these acts
because the City employees were acting within the scope of their
employment as detectives when they committed their unlawful acts.

8. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

Plaintiff requests an order decalring that defendants have
acted in violation of the United States Constitution. Plaintiff
prays for a judgment in his favor and damages in his favor
not less than \$500,000 together with attorney fees and costs
against all defendants for personal, physical and emotional
injuries intentionally and negligently inflicted upon Plaintiff.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: June 13, 2014

DK

Darnell King

Signature of Plaintiff(s)

(all Plaintiffs must sign)

02/2010

Exhibit

"A"



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-A

Personal Injury Claim Form

Electronically filed claims must be filed at the NYC Comptroller's Website. If your claim is not resolved within 1 year and 90 days from the date of occurrence you must start legal action to preserve your rights.

I am filing: ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to
the claimant:

Claimant Information

*Last Name:

King

*First Name:

Darnell

Address:

Address 2:

City:

State:

NEW YORK

Zip Code:

Country:

USA

Date of Birth:

Format: MM/DD/YYYY

Soc. Sec. #

HICN:

(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

*Email Address:

Retype email
Address:

Occupation:

City Employee? ☐ Yes ☐ No ☐ NA

Gender

☐ Male ☐ Female ☐ Other

☒ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Harvis & Saleem LLP

Firm or First Name:

Address:

305 Broadway

Address 2:

14th Floor

City:

New York

State:

NEW YORK

Zip Code:

10007

Tax ID:

Phone #:

*Email Address:

asaleem@harvisandsaleem.com

Retype email
Address:

asaleem@harvisandsaleem.com

City Agency(s) Involved

City Agency
Involved 1:

POLICE DEPARTMENT

City Agency
Involved 2:

City Agency
Involved 3:

* Denotes required fields. The email of the Claimant or Attorney is required.



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

The time and place where the claim arose

*Date of Incident: 07/22/2011 *Format: MM/DD/YYYY*

Time of Incident: *Format: HH:MM AM/PM*

*Location of Incident: 41 West 112th Street, New York, NY

Address:

Address 2:

City:

State:

Borough:

NEW YORK

***Manner in which claim arose:**

Claimant was lawfully present in front of 41 West 112th Street, New York, NY when he was falsely arrested, falsely imprisoned by police officers on October 1, 2010. Claimant was unlawfully strip-searched. He was unlawfully detained and maliciously prosecuted until he was acquitted at trial and released from custody on July 22, 2011. ✓

The items of damage or injuries claimed are (include dollar amounts):

The claim is for personal, physical, and emotional injuries sustained by claimant as a result of claimant being subjected to false arrest, false imprisonment and malicious prosecution by members of the New York City Police Department. Officers maliciously abused criminal process and failed to intervene in preventing the violation of claimant's rights. In addition, the officers negligently and intentionally inflicted emotional distress on claimant. The City of New York negligently hired, retained, trained and supervised the officers. The officers deprived claimant of his constitutional, civil and common law rights. The City of New York is vicariously liable for these acts because the City employees were acting within the scope of their employment as police officers when they committed their unlawful acts. Claimant is claiming \$500,000 in damages.

Medical Information

1st Treatment Date: *Format: MM/DD/YYYY*

Hospital/Name:

Address:

Address 2:

City:

State:

NEW YORK

Zip Code:

Date Treated in Emergency Room: *Format: MM/DD/YYYY*

Was claimant taken to hospital by ambulance? ☐ Yes ☐ No ☐ NA

Employment Information (If claiming lost wages)

Employer's Name:

Address

Address 2:

City:

State:

NEW YORK

Zip Code:

Work Days Lost:

Amount Earned Weekly:

Treating Physician Information

Last Name:

First Name:

Address:

Address 2:

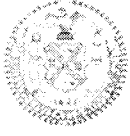
City:

State:

NEW YORK

Zip Code:

* Denotes required field(s).



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Witness 1 Information

Last Name:		
First Name:		
Address		
Address 2:		
City:		
State:	NEW YORK	
Zip Code:		

Witness 2 Information

Last Name:		
First Name:		
Address		
Address 2:		
City:		
State:	NEW YORK	
Zip Code:		

Witness 3 Information

Last Name:		
First Name:		
Address		
Address 2:		
City:		
State:	NEW YORK	
Zip Code:		

Witness 4 Information

Last Name:		
First Name:		
Address		
Address 2:		
City:		
State:	NEW YORK	
Zip Code:		

Witness 5 Information

Last Name:		
First Name:		
Address		
Address 2:		
City:		
State:	NEW YORK	
Zip Code:		

Witness 6 Information

Last Name:		
First Name:		
Address		
Address 2:		
City:		
State:	NEW YORK	
Zip Code:		



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

Insurance Information

Insurance Company Name:
Address:
Address 2:
City:
State:
Zip Code:
Policy #:
Phone #:

Description of claimant:

- ☐ Driver ☐ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☐ Other

Non-City vehicle driver

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

Non-City vehicle information

Make, Model, Year of Vehicle:
Plate #:
VIN #:

City vehicle information

Plate #:
City Agency Involved:
City Driver Last Name:
City Driver First Name:

Total Amount Claimed:

Format: Do not include "\$" or ",".

The **Total Amount Claimed** can only be entered once the following required fields are entered:

Claimant Last Name
Claimant First Name
Claimant Email or Attorney Email
Date of Incident
Location of Incident
Manner in which claim arose

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.